1	Effective December 8, 2004									10/649/87					
	CE/NO	CLAIMS	AS FILE	D - PART	1			<u>:                                      </u>	1/-	ENTITY OTH					
ŀ	17	1-3-0		(Column 1) (Column				SMAL	L ENT	TY -		· OTH	IER THA		
	TOTAL CLAI	MS					7	-		<u> </u>	OF	SMA	LL ENTI		
	FOR //	FEE	CC			MBER EXTRA	$\dashv$	RAT		FEE		PATI	FE		
$\  \Gamma \ $	TOTAL CHAR	GEABLE CLAIMS		45 minus 45.			4	BASIC	FEE		OR	BASIC F	EE P		
ır	NDEPENDEN		13				4	X\$ 2	5=		OR	X\$50			
-	MULTIPLE DEPENDENT CLAIM PR			minus 3 =   RESENT				X100=			OR	X200=			
_								1100	_		UH		<del></del>		
*	If the differer	ice in column 1	is less thar	ess than zero, enter "0" in column 2				+180=			OR	+360=			
	. ,			MENDED - PART II				TOTA	L		OR	TOTAL	190.		
_	<del></del>	(Column 1)		(Colum	n 2)	(Column 3	1)	SMAL	L ENTI	TY (	)R	OTHE	R THAN		
4		REMAINING		HIGHE	ST Er	PRESENT	7		AD	`	 آ	SMALL	~~~~~		
AMENDMENTA		AFTER AMENDMENT	-	PREVIOU PAID F	JSLY	EXTRA		RATE	TIO	NAL		RATE	ADDI TIONA		
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_ D		(Column 1)	<del>.</del>	(Column		(Column 3)					AL	DIT. FEE	<u> </u>		
		REMAINING AFTER	1	NUMBEI PREVIOUS	a 1	PRESENT	lΓ	0.475	ADD		Γ		ADDI-		
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l		REMAINING AFTER		NUMBER PREVIOUSL	,   I	PRESENT EXTRA	Γ.	DATE .	ADDI-	7			ADDI-		
ŀ	Total	AMENDMENT *		PAID FOR		CATHA		RATE,	TIONAL FEE		R.	ATE 1	IONAL FEE		
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